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12/22/2004

**AJINOMOTO CORPORATE SERVICES, LLC**  
**INTELLECTUAL PROPERTY DEPARTMENT**  
**1120 CONNECTICUT AVE., N.W.**  
**WASHINGTON, DC 20036**

03/22/2005 HGBREM2 00000001 503077 09847392

01 FC:1501  
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Shelly Guest Cermak

(Depositor's name)

*Shelly Guest Cermak*

(Signature)

March 22, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/847,392	05/03/2001	Vitaly Arkadievich Livshits	206440US0CONT	8292

**TITLE OF INVENTION:** DNA CODING FOR PROTEIN WHICH CONFERS ON BACTERIUM ESCHERICHIA COLI RESISTANCE TO L-HOMOSERINE, AND METHOD FOR PRODUCING L-AMINO ACIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, MANJUNATH N	1652	435-106000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Shelly Guest Cermak

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ajinomoto Co., Inc.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 3077 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Shelly Guest Cermak*  
 Shelly Guest Cermak

Date March 22, 2005

Registration No. 39,571

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TO:	Examiner Rao	FROM:	SHELLY GUEST CERMAK
FAX:	703.746.4000	REF. NO:	US-125OD1
VOICE:		PAGES	3 (incl. this sheet)
App. No.:	09/847,392	DATE:	March 22, 2005

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Shelly Guest Cermak  
Registration Number 39,571

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